

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90068 020 ***150.00

DOCUMENT # P00000063647

1. Entity Name

DENTALPLANS.COM, INC.



Principal Place of Business

4485-91 STIRLING RD
SUITE 202
DAVIE FL 33314-7517

Mailing Address

4485-91 STIRLING RD
SUITE 202
DAVIE FL 33314-7517

2. Principal Place of Business

29 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

29 S. Federal Hwy
Suite, Apt. #, etc.

City & State

DAVIA / FLORIDA

City & State

DAVIA - FLORIDA

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-1134463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, SUITE 300
TAMPA FL 33637

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MICHAELIDES, GEORGE
STREET ADDRESS 5106 PRATT AVENUE
CITY-ST-ZIP SKOKIE IL 60077

TITLE CEO ☐ Delete
NAME BABYAK, JOSH
STREET ADDRESS 3328 OLD OAK LANE
CITY-ST-ZIP HWD FL 33021

TITLE CTO ☐ Delete
NAME PRICE, PAUL
STREET ADDRESS 6101 PALM TRACE LENDING DR.#313
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



OGDEN UT 84201-0038

Attachment
2402581#P0000000636

In reply refer to: 0457248772

Nov. 25, 2003 LTR 385C

65-1134463 200212 02 000

Input Op: 0457248772 04199

BODC: SB

DENTAL PLANS COM INC
% JOSH BABYAK
29S FEDERAL HIGHWAY
DANIA BEACH FL 33004

Taxpayer Identification Number: 65-1134463

Dear Taxpayer:

Thank you for the inquiry of Nov. 14, 2003.

We accept your election to be treated as an S corporation with an accounting period of Dec. 31, 2003, beginning Jan. 01, 2003.

Note: If we examine your return, we will verify that this election is appropriate for your situation.

When you file your business return(s), or if you write to us, please include your employer identification number as shown above.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Please keep this letter in your permanent records as proof of acceptance as an S corporation.

RECEIVED NOV 25 2003
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535
TELEPHONE 202-512-2400
FACSIMILE 202-512-2400
MAIL ROOM 202-512-2400
HOURS 9:00 AM - 5:00 PM
STREET ADDRESS 400 ANDERSON DRIVE
SUITE 1000
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535